

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002405

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** DIVISION ON CAREER DEVELOPMENT AND TRANSITION OF THE FLORIDA FEDERATION COUNCIL  
FOR EXCEPTIONAL CHILDREN, INC.

**Current Principal Place of Business:**

140 7TH AVENUE SOUTH, SVB 112  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

140 7TH AVENUE SOUTH, SVB 112  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 59-2355708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNAB, JORDAN  
140 7TH AVENUE SOUTH, SVB 112  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

HICKEY, SARAH  
1960 LANDING BLVD  
SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SARAH HICKEY

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HICKEY, SARAH  
Address: 1960 LANDING BLVD  
City-St-Zip: SARASOTA, FL 34231

Title: PE  
Name: GARCIA, LORI  
Address: 140 7TH AVENUE SOUTH, SVB 108  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VP  
Name: OISTACHER, DEBRA  
Address: 4700 COCONUT CREEK PARKWAY  
City-St-Zip: COCONUT CREEK, FL 33063

Title: SEC  
Name: NEIL, IRIS  
Address: SCHOOL DISTRICT PALM BEACH FOREST HILL BLD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TREA  
Name: HALLIDAY, KIMBERLI  
Address: 1769 E. MOODY BLVD., BLDG.#2  
City-St-Zip: BUNNELL, FL 32110

Title: PP  
Name: KNAB, JORDAN  
Address: 140 7TH AVENUE SOUTH, SVB 112  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLI L. HALLIDAY

TREA

01/24/2012

Electronic Signature of Signing Officer or Director

Date